

Wisconsin Medicaid and BadgerCare update

November 2001 • No. 2001-38

PHC 1831

Wisconsin Medicaid and BadgerCare Information for Providers

To:

School-based
Services
Providers

HMOs and Other
Managed Care
Programs

School-based services federal share decreased

Effective for claims processed on and after October 1, 2001, the federal share for school-based services (SBS) has been decreased from 59.29% to 58.57%. Since Wisconsin Medicaid reimburses SBS providers 60% of the federal share, this proportionately decreases the Medicaid reimbursement an SBS provider receives and increases the amount the SBS provider must obtain from local matching funds.

All claims processed on and after October 1, 2001, were automatically reimbursed at the new rates; no action by providers is required.

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for SBS rates for claims processed on and after October 1, 2001.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at www.dhfs.state.wi.us/medicaid/.

ATTACHMENT

Wisconsin Medicaid fee schedule for school-based services

Effective for claims processed on and after October 1, 2001

This is your Wisconsin Medicaid fee schedule. Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to Medicaid recipients.

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third party liability, age restrictions). Refer to the All-Provider Handbook, the School-based Services Handbook, and *Wisconsin Medicaid and BadgerCare Updates* for information about coverage limitations. The fee schedule contains the following information:

Procedure Code — The procedure code recognized by Wisconsin Medicaid to identify the service provided.

Description — An abbreviated description of the procedure code.

Unit Rate — The unit rate established for the service.

Reimbursement — The Wisconsin Medicaid reimbursement rate per unit of service for the listed procedure.

This information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about the rates, please contact the Division of Health Care Financing by writing to:

Division of Health Care Financing
School-Based Services Policy Analyst
P.O. Box 309
Madison, WI 53701-0309

Wisconsin Medicaid fee schedule for school-based services

Effective for claims processed on and after October 1, 2001

Procedure Code	Procedure Code Description	Unit Rate	Medicaid Reimbursement (60% of Federal Share)
W6050	Individualized Education Program (IEP) speech, language, audiology, and hearing services: individual	\$24.44	\$8.59
W6051	IEP speech, language, audiology, and hearing service: group	\$8.07	\$2.84
W6052	Speech, language, audiology, and hearing service: face-to-face IEP Team assessment and IEP plan development	\$24.44	\$8.59
W6053	IEP occupational therapy service: individual	\$21.16	\$7.44
W6054	IEP occupational therapy service: group	\$6.98	\$2.45
W6055	Occupational therapy: face-to-face IEP Team assessment and IEP plan development	\$21.16	\$7.44
W6056	IEP physical therapy service: individual	\$24.50	\$8.61
W6057	IEP physical therapy service: group	\$8.09	\$2.84
W6058	Physical therapy: face-to-face IEP Team assessment and IEP plan development	\$24.50	\$8.61
W6059	IEP psychological service: individual	\$21.83	\$7.67
W6060	IEP psychological service: group	\$7.20	\$2.53
W6061	Psychological service: face-to-face IEP Team assessment and IEP plan development	\$21.83	\$7.67
W6062	IEP counseling service: individual	\$20.94	\$7.36
W6063	IEP counseling service: group	\$6.91	\$2.43
W6064	Counseling: face-to-face IEP Team assessment and IEP plan development	\$20.94	\$7.36
W6065	IEP social work service: individual	\$21.05	\$7.40
W6066	IEP social work service: group	\$6.95	\$2.44
W6067	Social work: face-to-face IEP Team assessment and IEP plan development	\$21.05	\$7.40
W6068	IEP nursing service: care and treatment	\$11.76	\$4.13
W6069	Nursing: face-to-face IEP Team assessment and IEP plan development	\$11.76	\$4.13
W6070	Face-to-face IEP Team assessment and IEP plan development: other staff	\$21.91	\$7.70
W6072	Durable medical equipment	Individually priced	
* W6073	Special transport, per mile	\$2.22	\$0.78
** W6074	Transportation base rate	\$28.43	\$9.99
** W6075	Transportation per mile rate	\$3.25	\$1.14

* Procedure code valid through 07/31/01

** New procedure codes effective on and after 08/01/01